

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

65-1005176

FILING DATE

APPLICANT(S)

## CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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14						
15						
16						
17						
18						
19						
20						
21	1		1			
22	1		1			
23	1		1			
24			1			
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46						
47						
48						
49						
50						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						

1	2	3	4	5	6	7
51						
52						
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99						
100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						